

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILD CARE LICENSING

LAS VEGAS OFFICE	ELKO OFFICE	CARSON CITY OFFICE
3811 W. Charleston Blvd. Suite 210 Las Vegas, Nevada 89102 Phone: 702-486-3822 Fax: 702-486-6660	1010 Ruby Vista Drive Suite, 101 Elko, Nevada 89801 Phone: 775-753-1237 Fax: 775-753-1336	727 Fairview Drive, Suite E. Carson City, Nevada 89701 Phone: 775-684-4463 Fax: 775-684-4464

APPLICATION FOR SPECIAL EVENT LICENSE

All applications must be complete, signed, notarized and returned to the appropriate office referenced above.

Any application that is incomplete i.e. not signed and/or not notarized will be returned without processing.

THE FACILITY/AGENCY MAY NOT BEGIN OPERATION WITHOUT A LICENSE ISSUED. LICENSES ARE NOT TRANSFERABLE FROM ONE OWNER TO ANOTHER AND ARE VALID ONLY FOR THE PREMISES DESCRIBED ON THE LICENSE.

Application must be filed with the Child Care Licensing Unit at least 60 working days before the date on which the special event begins.

1. IDENTIFYING INFORMATION:

Owner: _____
Special Event: _____
Special Event Address: _____ City: _____ State: _____ Zip: _____
Permanent Physical Address: _____
Telephone: _____ Fax: _____ Email: _____
Corporate Office: _____ City: _____ State: _____ Zip: _____
Corporate Contact Person: _____
Telephone: _____ Fax: _____ Email: _____

2. ACTION REQUESTED: INITIAL APPLICATION/LICENSE

TYPE OF FACILITY **Number of requested spaces for children:** **Ages of children:**
Special Event _____ _____ to _____

Manager' Name (must be 21years or older) _____

3. OWNERSHIP: Check one ✓

- ☐ Individual proprietorship: (Identify owner name, address, and persons having ownership of 10% or more.)
☐ Corporation: (Identify Corporation name, address; officers by name, title, address and telephone number.)
☐ Partnership: (Identify each partner by name, address and telephone number.)
☐ Other: (Describe the ownership arrangement and identify the owner(s) by name, address and telephone number.)
(If incorporated, date of incorporation _____ in the State of _____ and operated for ☐ Profit ☐ Non-profit)

4. BACKGROUND CHECKS:

Each of the persons listed in this application have attested to the applicant that they have no pending charges and:

- a) Have never been convicted of a felony;
- b) Have never been in violation of any federal or state law regulating child abuse and/or neglect or contributory delinquency;
- c) Have never been in violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drugs as defined in chapter 454 of NRS;
- d) Have never been in violation of any federal or state law regarding murder, manslaughter or mayhem; any other violation involving the use of a firearm or other deadly weapon; assault with intent to kill or to commit sexual assault or mayhem; sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;
- e) Have never been found in violation of any local, state or federal law which arises from or is otherwise related to the individual's relationship to a child care facility;
- f) Have not currently or in the past had previous interest in a licensed child care facility that has been any of the following:
 - (i) Closed as a result of a license suspension or revocation;
 - (ii) Involuntarily terminated for any reason; or
 - (iii) Convicted of child abuse, neglect or exploitation.
- g) Convicted of any other crime involving physical harm to a person or if a criminal action is pending against the person.

IF YOU AS THE APPLICANT, OWNER(S), OPERATOR(S), BOARD MEMBERS, VOLUNTEERS OR STAFF MEMBERS HAVE EVER BEEN ARRESTED OR CONVICTED OF ANY CRIMES, IDENTIFY THE PERSON BY NAME, RELATIONSHIP, BIRTH DATE, CRIME, STATE OF ARREST OR CONVICTION, DATE OF ARREST OR CONVICTION AND DISPOSITION OF ARREST(S). (All must be included regardless of the year occurred.)

Name	Relationship	DOB	Crime	State of Arrest or Conviction	Date of Arrest or Conviction	Disposition

FINGERPRINTS HAVE BEEN SUBMITTED IN NEVADA FOR ALL PERSONS INCLUDED IN THIS APPLICATION:

☐ YES ☐ NO If no, explain: _____

Date and location where prints were submitted: _____

5. STAFF INFORMATION:

A complete listing of all staff members including owners, directors, teachers, support staff and any other person who is employed or providing services to the facility **must be attached**. This listing must be provided on the form designated by the Child Care Licensing Unit. The Child Care Licensing Unit must be immediately notified of any additional staff employed or leaving employment. Any staff employed must be fingerprinted within 24 hours from date of hire.

NUMBER OF STAFF EMPLOYED: _____

NUMBER OF STAFF UNDER 18 YEARS OF AGE: _____ (Must have completed an approved Child Development Course with verification attached.) ATTACHED: ☐ Yes ☐ No If no, explain: _____

No more than 50% of staff may be under 18 years of age. The facility may not operate without a staff member at least 18 years of age on duty. Staff members must be at least 16 years of age.

VOLUNTEERS USED IN FACILITY: ☐ Yes ☐ No If yes, describe duties: _____

6. LICENSE INFORMATION:

Are you or anyone listed in this application now licensed or have been previously licensed for the care of children or adults:

☐ No ☐ Yes If yes, list the State, agency issuing license, type of license and license number. _____

7. FACILITY SERVICES:

a) **PROGRAM PLAN SUBMITTED TO CHILD CARE LICENSING** (Must be broken down by the age groups of the children who will be served by the facility and the ages and number of children to whom child care services will be provided): ☐ Yes ☐ No If no, explain: _____

b) **DATES OF OPERATION:** (Cannot exceed 7 days.) _____

c) **HOURS OF OPERATION:** (Cannot exceed 10 hours.) _____

d) **FOOD SERVICE PROVIDED:** (Include breakfast, lunch, and dinner, number of snacks and time served. Commercial kitchen equipment may be required by the Health Authority in preparation of meals and snacks.) _____

How will drinking water be made freely available to children: _____

Sack Lunches: ☐ Yes ☐ No If yes, include storage plan and alternate plan if child does not bring. _____

e) **PRESCRIBED MEDICATION DISPENSED:** ☐ No ☐ Yes If yes, include type, method of control, storage, person dispensing. _____

f) **EMERGENCY PLAN SUBMITTED TO CHILD CARE LICENSING:** ☐ Yes ☐ No If no, explain: _____
 _____ Off-site emergency location

g) **PARENT CONTRACT SUBMITTED TO CHILD CARE LICENSING:** ☐ No ☐ Yes (Note: Statement must be provided to each parent which indicates that the members of the staff of the facility may have varied levels of training and experience.) If no, explain: _____

h) **STAFF ORIENTATION SUBMITTED TO BUREAU:** ☐ Yes ☐ No If no, explain: _____

8. **INSURANCE:**

LIABILITY INSURANCE: (Certificate must specify 30 day cancellation clause and list the Child Care Licensing Unit as the Certificate Holder.)

Name of company: _____ Contact Person: _____

Telephone: _____ Certificate of Insurance attached: ☐ Yes ☐ No

If no, explain: _____

IF ANY FIELD TRIPS ARE TO BE IS PROVIDED, COMPLETE THE FOLLOWING SECTION:

Nevada's child restraint law requires that a child be in an approved child restraint system if he/she is less than 6 years of age and weighs 60 pounds or less. Those passengers 6 years of age or older must be in seat belts or an approved child restraint system.

Complete field trip plan submitted: ☐ Yes ☐ No (Note: Field trip plan must be submitted 14 days prior to event and children five years of age or less can not participate in any field trips sponsored by the facility unless the child is accompanied by a parent)

VEHICLE INSURANCE: (Licensee must maintain a current list of all drivers with a copy of a current Driver's License.)

Name of company: _____ (Coverage must include transportation of children in care.)

Vehicle Type	Year	Make	Model	License Plate	Capacity

9. **SQUARE FOOTAGE AND DIAGRAM OF SPECIFIC AREA IN WHICH CHILD CARE WILL BE PROVIDED:**

USABLE INTERIOR SQUARE FEET: _____

(35 Square feet per child is required exclusive of halls, bathrooms, kitchen, office space and other non-usable space.)

CERTIFICATE OF OCCUPANCY ATTACHED: ☐ Yes ☐ No If no, explain: _____

FACILITY DRAWING: (Drawing may be attached to this application.)

PLEASE PROVIDE A DRAWING OF THE FACILITY IDENTIFYING ALL EXITS, ROOMS, FUNCTIONS AND AGES AND NUMBERS OF CHILDREN USING. IN ADDITION, LABEL DIAPERING AREAS, COMMODOES, HANDWASHING SINKS, FOOD PREPARATION SINKS AND MOP SINKS.

SPACE IDENTIFIED FOR SPECIFIC USE **MAY NOT BE CHANGED** WITHOUT ADDITIONAL CHILD CARE LICENSING APPROVAL INCLUDING DIAPERING CHANGING AREAS, INFANT/TODDLER NURSERY AREAS AND SINK USAGE.

I, _____, as _____

NAME	TITLE	DATE
of the above named facility, understand this constitutes a request for licensure as specified in NAC 432A.200 and serves as the formal document upon which a licensure decision will be based. I agree to abide by the rules promulgated by the State of Nevada for a child care facility and do hereby state that the information provided on this application is true to the best of my knowledge and belief. I have read the Regulations and Standards pertaining to the specific type(s) of facility for which licensure is requested. I authorize release of such information as may pertain to the purpose of this application, including verification of the information supplied to the Child Care Licensing Unit. I further understand that I am responsible for employing only those persons who qualify as defined in NRS 432A and NAC 432A. I agree to allow authorized representatives of the Child Care Licensing Unit, upon presentation of proper identification, to enter the facility during hours of operation to review facility records and documents as necessary to ascertain compliance with the Nevada Revised Statutes and Nevada Administrative Code for child care licensing.		

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FEE SCHEDULE		FEE ATTACHED
CARE FOR 13 TO 50 CHILDREN	\$100.00	\$
CARE FOR 51 TO 100 CHILDREN	\$150.00	\$
CARE FOR 101 TO 150 CHILDREN	\$200.00	\$
CARE FOR 151 TO 200 CHILDREN	\$250.00	\$
CARE FOR MORE THAN 200 CHILDREN	\$300.00	\$

STATE OF NEVADA
COUNTY OF _____

PRINTED NAME OF AFFIANT

OF

PRINTED ADDRESS

NEVADA, BEING FIRST DULY SWORN, DEPOSES AND SAYS THAT HE/SHE HAS KNOWLEDGE OF THE FACTS AS STATED THEREIN ARE TRUE.

AFFIANT _____
(SIGNATURE OF OWNER, ADMINISTRATOR OR DESIGNATED REPRESENTATIVE OF THE BOARD OF DIRECTORS)

ADDRESS _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____

NOTARY PUBLIC IN AND FOR THE COUNTY OF _____ STATE OF NEVADA.

(AFFIX NOTARY STAMP HERE)

NAME OF NOTARY _____

Persons with disabilities who require special accommodations or assistance completing this application should notify the Child Care Licensing Unit at one of the above listed offices.

BUREAU USE ONLY

	Yes	No	Return Date/Other
APP. COMPLETE			
FEE INCLUDED/ AMOUNT:			
FEE CORRECT			
C OF C			
FIRE INSPECTION			
HEALTH INSPECTION			
APPROVED MANAGER(S)			
FBI CLEARANCE			

